DISSECTION AND DISCRIMINATION: THE SOCIAL ORIGINS OF CADAVERS IN AMERICA, 1760-1915

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66TN Baltimore the bodies of coloured people exclusively are taken I for dissection," remarked Harriet Martineau upon visiting the Maryland port in 1835, "because the whites do not like it, and the coloured people cannot resist." In 1845 six members of the Board of Guardians of the Philadelphia almshouse, seven eighths of whose inmates were whites,2 implored the board to prevent the robbing of bodies from the almshouse graveyard: "That it occasions dread and anxiety in the minds of some of the inmates of this House, is a well known fact," protested the six. Many paupers were acutely aware that burial at the almshouse was a mockery whenever classes were in session at nearby medical colleges, "and to be buried elsewhere is some times asked as the last and greatest favor." The board rejected the plea, contending that "the colleges must have subjects" and should grave robbers be barred from the almshouse they would plunder church cemeteries and other private burial grounds.3 Blacks in Baltimore and paupers in Philadelphia found themselves victims of a set of circumstances which affected many other blacks and poor whites in 19th century America: their powerlessness and their marginal social status afforded little protection for their dead in the face of persistent shortages of cadavers needed for medical dissections.

A century and a half ago no state permitted the use of unclaimed bodies for dissection, and no one willed his body to medical science. Many Americans considered dissection a degrading and sacrilegious practice, an act to be inflicted on an outcast as punishment—much like the medieval rite of drawing and quartering a criminal.⁴ Those few states which created legal channels for procuring cadavers thus restricted them to executed criminals. Even this solution was pitifully inadequate. Massachusetts executed less than 40 persons between 1800 and

1830—hardly enough to supply Bay State anatomists for one year. So anatomists either abandoned the dissection of humans or stole them. But snatching a body to dissect it only compounded the sin, rendering it so gruesome in the eyes of some Americans that riots occasionally erupted. By the early 19th century most states had made grave robbing a crime.^{5, 6} How, then, did anatomists procure cadavers without constantly provoking public outrage? The safest way was to steal the dead of groups who could offer little resistance and whose distress did not arouse the rest of the community. Blacks and white paupers provided attractive targets.

Samuel Clossy, New York City's first professor of anatomy, discovered in the 1760s what Harriet Martineau learned in Baltimore 70 years later: blacks lacked the power to protect their dead. Clossy launched his initial anatomy course by dissecting a white and a black, but he soon found, as he confided to a friend, that he and his students were "so known in the place that we could not venture to meddle with a white subject and a black or Mullato I could not procure. . . ." Obviously, dissecting a white was risky business. Dissecting a black was largely a matter of finding a body. Clossy finally procured another cadaver shortly after completing his course: "a Male Black" who had "belonged to a friend of mine," Clossy noted. He dissected it "for the sake of the Skeleton," which he used in courses the following years.

Body snatching proliferated in post-Revolutionary New York when medical students began dissecting cadavers themselves, instead of just watching their professors. By 1788 rumors crisscrosed the city that few blacks were "permitted to remain in the grave." The city's free and enslaved blacks soon petitioned the New York City Common Council to halt the desecration of their burial grounds by medical students: under "cover of the Night, and in the most wanton sallies of excess," they dig up the bodies of blacks, "mangle their flesh out of a wanton curiosity, and then expose it to Beasts and Birds." The Common Council ignored the appeal. After all, wrote one New Yorker, "the only subjects procured for dissection are the productions of Africa . . ." and executed criminals, "and if those characters are the only subjects of dissection, surely no person can object."8, 9 Some whites did object, but largely because body snatchers recklessly started to rob the graveyards of such city churches as Trinity Church and Brick Presbyterian Church or, as the New York Packet put it: "The interments not only of

strangers, and the blacks had been disturbed, but the corpses of some respectable persons were removed."¹⁰ Popular anger at body snatchers and anatomists exploded in a riot that lasted two days. The mob ransacked Columbia Medical School and harassed numerous city physicians. By the time troops restored order several rioters had been killed.

Despite the violent response to grave robbing, New York did not legalize the dissection of unclaimed bodies until 1854, when body snatchers were emptying at least 600 or 700 graves annually in and about New York City. Massachusetts passed a similar law in 1831. No other state passed an anator y act and left it on the books before the Civil War, notwithstanding the fact that some 85 medical schools had been organized before 1860 and that dissections by students had become a normal part of medical education. 12

Blacks were not the only victims of the widening gap between the legal supply of cadavers and the demands of medical schools. Body snatchers preyed most frequently on the dead of impoverished and powerless whites. White paupers crowded the country's almshouses, particularly outside the South, 13 and in death filled most of the graves in potter's fields-the name traditionally given in each town to the burial ground for the indigent and the unknown, "Were you ever shot at?" a reporter asked a Louisville, Ky., grave robber in 1878. "Oh no," he replied. "We let private cemeteries alone." This grave robber pilfered nearly all his cadavers from potter's fields.14 Like the use of blacks, the theft of bodies from cemeteries for paupers started with the inception of formal anatomical instruction in America. William Shippen, Philadelphia's first professor of anatomy, calmed suspicious Philadelphians in the 1760s by assuring them that he confined his dissections to executed criminals, suicides (he had dissected a black suicide the previous year), and an occasional body from potter's field; he "never had one Body from the Church, or any other private Burial Place."15

The "prudent line of stealing only the bodies of the poor"—as a leading anatomist described the practice in 1896—led to extensive snatching of bodies before burial as well as after. "Those in charge of morgues, the dead rooms of hospitals, and potter's fields, could tell some startling things about how bodies disappear from those places," asserted a doctor in an 1879 issue of *Penn Monthly* magazine. "The number of bodies that are allowed to go into the potter's fields throughout the country is very small, and the majority of those that reach them are not allowed

to rest in them many hours."¹⁷ An anatomist at Chicago Medical College in the 1860s later admitted that he procured cadavers from three sources, all illegal: potter's fields, other cemeteries, and almshouses and prisons (before burial), which required judicious bribery.¹⁸ The demonstrator of anatomy at the University of Michigan explained to the university trustees in 1880 that the "better people" could rest easy. Although his annual legal supply of cadavers often fell short of the 90 to 100 that he needed, he made up the difference with the bodies of the "pauper and friendless dead" from the "county houses and asylums."¹⁹ One authority estimated in 1879 that about 5,000 cadavers were dissected each year in the United States and that "at least a majority" were procured illegally.²⁰ Doubtless a disproportionate number of immigrants ended up in the illicit cadaver traffic. One eighth of the population in 1880 was foreign born, but immigrants comprised almost one third of the paupers in almshouses.²¹

Nineteenth century newspapers abound in stories that describe the many unsavory aspects of body snatching: midnight raids on graveyards, the corruption of cemetery officials, fake burials with empty coffins, the discovery of dead relatives at medical schools or in crates awaiting shipment. Often the reports disclose the lamentable fate of some prominent citizen, for body snatchers at one time or another stole from all social strata. A "well-known citizen of Cleveland, Ohio," was buried on a Monday and his body turned up Tuesday in the pickle tank of the Cleveland Homeopathic Medical College.²² In another instance a search party discovered the body of Congressman John Harrison, son of President William Henry Harrison and father of President Benjamin Harrison, at the Medical College of Ohio, in Cincinnati.²³ The newspapers played up such incidents, but they dealt with only a fraction of the illicit body traffic. Rarely did the papers inform their readers of the extensive grave robbing in black burial grounds and potter's fields, or of the bodies that disappeared from hospitals, prisons, almshouses, mental institutions, and morgues, or of the bodies of slaves that owners delivered to anatomists.

However, Philadelphia newspapers occasionally made press out of the ceaseless thieving of bodies from the almshouse graveyard. It was this practice which the Board of Guardians refused to halt in 1845, despite the plea of several board members that anxiety over the prospect of dissection imperiled the health of some inmates. Body snatching at the almshouse had already "prevailed for years" by 1845; 15 years later it was still a thriving enterprise. So customary had it become that some Philadelphians believed that the almshouse was a legal source of supply. Philadelphians in the know nicknamed the guardians the Board of Buzzards.^{24, 25}

Bodies also disappeared regularly from several other gravevards in and about Philadelphia and from the city morgue.26 In 1867 Pennsylvania politicians finally confronted the problem. The legislature empowered officials in Philadelphia and Allegheny counties to supply anatomists with all unclaimed bodies which required burial at public expense. But the eight medical and surgical schools in Philadelphia soon found that unclaimed bodies in the two counties amounted to 400 annually, only about half the number needed. Jefferson Medical Collegeand probably other medical schools-tried to make up the difference by using bodies snatched from Lebanon Cemetery, a black burial ground in Philadelphia. For some 10 years grave robbers preved on the cemetery, eventually operating in an organized gang that included professional "resurrectionists," doctors, and the superintendent of the burial ground. In 1882 the Philadelphia Press exposed the ring. Philadelphia's black community responded so angrily that city medical leaders and Pennsylvania politicians agreed on a second anatomy law, requiring public officials throughout the state to turn over all unclaimed bodies to a state anatomy board.27

Fourteen other states had passed similar anatomy acts by the early 1880s, but a smattering of state laws did not quash body snatching in the United States. In 1913 Alabama and Louisiana still provided no legal way for their medical schools to obtain cadavers, while North Carolina and Tennessee furnished their medical schools only with bodies of deceased criminals. Even the passage of a liberal anatomy act did not necessarily eliminate body snatching, since obstinate officials often refused to cooperate with the laws.^{28, 29} In 1893, a decade after Maryland passed an anatomy act, legal channels supplied only 49 cadavers for the 1,200 students at Baltimore's seven medical schools.³⁰ State laws faltered also because the illicit traffic in cadavers was a far-flung, interstate business. Southern body snatchers, for instance, regularly shipped the bodies of Southern blacks to Northern medical schools. For several years during the 1880s and 1890s a professor of anatomy at one New England medical college received a shipment of 12 Southern blacks

twice each academic session,³¹ while the bodies of blacks filched in Tennessee furnished the entire supply of anatomical material for another northern medical school in 1911.³²

Grave robbers still operated in Tennessee in the 1920s, selling bodies to Nashville's four medical schools and sending surplus cadavers to Iowa City.³³ But the passage of anatomy acts eliminated body snatching in most parts of the United States by the second decade of the 20th century. Legalization, however, did not substantially alter the social origins of the supply. It simply assured that cadavers would come entirely rather than primarily-from America's lowest social strata. According to Massachusetts' leading anatomist at the time, Harvard began to obtain an ample supply of legal cadavers about 1850, "particularly in consequence of the influx of Irish paupers, and the great mortality among them."34 Johns Hopkins finally acquired an adequate number of cadavers through legal channels in 1808; of the 1,200 cadavers received there during the next six years, two thirds were blacks.35 Like Boston's Irish in 1850, Baltimore's blacks in 1900 suffered from the effects of grinding poverty, social discrimination, and rampant disease.^{36, 37} A 1913 survey of 55 medical schools revealed that a "large majority" relied on almshouses as the "sole or main" source for their cadavers, while several schools depended chiefly on hospitals treating victims of tuberculosis,38 a disease which ravaged blacks and poor whites and killed more than 150,000 people annually at the turn of the century.³⁹ By 1910 close to half the paupers in almshouses outside the Southern states were foreign born, mainly Irish and German.40

The passage of anatomy acts thus did not signify that Americans had come to regard dissection as a legitimate use of the body after death. In practice, if not always in conception, the anatomy laws confined dissections to a voiceless, widely-scorned segment of society. The procurement, dissection, and disposal of cadavers became for most citizens an invisible process and a distant issue. Legalization did expand the supply of cadavers and, by limiting dissections to unclaimed bodies, substantially reduced the amount of personal suffering caused by the seizure and dissection of recently deceased relatives and friends. But legalization also perpetuated an attitude that had not changed much since the days when judges condemned criminals to dissection after execution: dissection remained a humiliation imposed on social outcasts.

From the perspective of the 1970s, legalization appears to have pro-

vided a temporary solution that reflected the social values and economic conditions of a passing age. In recent decades the number of unclaimed bodies has dwindled. Affluence, Social Security and other welfare programs which facilitate the burial of the poor, and humanitarian sympathy have undermined a system that depends on social discrimination and abject poverty to operate effectively. Anatomists have gradually discovered that plugging the legal and administrative leaks in the procurement of unclaimed bodies no longer suffices to combat periodic shortages of cadavers. Fearful of arousing latent antagonism toward dissection, medical leaders hesitated for some time to call on a broad spectrum of Americans to assume voluntarily the responsibility of providing the materials of medical instruction and research. By the 1950s, however, the medical community realized that changing attitudes toward death had substantially reduced the need to hide its work from public view. 41-46 A 1067 survey of 87 medical schools in the United States and Canada disclosed that 16 schools obtained almost their entire supply of cadavers through bequests, while another 47 schools relied on donors for anywhere from 10 to 50% of their anatomical material.⁴⁷

In the 1970s medical schools in the Northeast, the South, and the Middle West once again face a shortage of cadavers, since the steadily rising number of bequests has not yet offset the diminishing supply of unclaimed bodies. Undoubtedly unclaimed bodies will continue to be an important source of cadavers for some years to come, and their number may rise should burial become less common in future years. But in a democratic country where 2 million people die each year, increased voluntarism would appear to offer a more suitable and a more promising solution.

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